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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	09/598,793
Filing Date	June 21, 2000
First Named Inventor	Tarbouriech
Group Art Unit	2756
Examiner Name	
Attorney Docket Number	6452/53554

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To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

As the attached assignment document demonstrates, all right, title and interest in the present application has been transferred from our client Xenote, Inc. to Microvision, Inc., which has assumed all further responsibility for prosecution of the application. As the attached letter indicates, the prosecution file for the present application has been transferred to Microvision, Inc.

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- ☐ The correspondence address is NOT affected by this withdrawal.
- ☒ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS					
<input type="checkbox"/> Customer Number			Place Customer Number Bar Code Label here		
OR					
<input type="checkbox"/> Firm or Individual Name	Clarence T. Tegreene				
Address	Microvision Inc.				
Address	P.O. Box 3008, 19910 North Creek Parkway				
City	Bothell	State	WA	ZIP	98011
Country	USA				
Telephone	(425) 415-6621	Fax	(425) 481-1625		

This request is enclosed in triplicate.

Name Virginia H. Meyer, Esq.

Signature Virginia H Meyer

Date July 5, 2001

NOTE: Withdrawal is effective when approved rather than when received.

Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



ASSIGNMENT

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WHEREAS, XENOTE (hereinafter referred to as ASSIGNEE), having a post office address of c/o Ridge Ventures, Suite 200, 1860 El Camino Real, Burlingame, CA 94010, is the assignee of an invention entitled "DIGITAL FINGERPRINT IDENTIFICATION SYSTEM" as described and claimed in the specification for which an application for United States letters patent was filed on June 21, 2000, and assigned Application No. 09/598,793; and

WHEREAS, Microvision, Inc., hereinafter referred to as ASSIGNEE), a corporation of the State of Washington, having a place of business at Microvision, Inc., 19910 North Creek Parkway, PO Box 3008, Bothell, WA 98011, is desirous of acquiring the entire right, title and interest in and to the invention and in and to any letters patent that may be granted therefor in the United States and in any and all foreign countries;

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NOW, THEREFORE, in consideration of One Dollar (\$1.00) and other good and valuable consideration, the receipt of which is hereby acknowledged, ASSIGNEE XENOTE hereby sells, assigns and transfers unto said ASSIGNEE the entire right, title and interest in and to said invention, said application and any and all letters patent which may be granted for said invention in the United States of America and its territorial possessions and in any and all foreign countries, and in any and all divisions, reissues and continuations thereof, including the right to file foreign applications directly in the name of ASSIGNEE and to claim priority rights deriving from said United States application to which said foreign applications are entitled by virtue of international convention, treaty or otherwise, said invention, application and all letters patent on said invention to be held and enjoyed by ASSIGNEE and its successors and assigns for their use and benefit and of their successors and assigns as fully and entirely as the same would have been held and enjoyed by ASSIGNEE XENOTE had this assignment, transfer and sale not been made. ASSIGNEE XENOTE hereby authorizes and requests the Commissioner of Patents and Trademarks to issue all letters patent on said invention to ASSIGNEE. ASSIGNEE XENOTE agrees to execute all instruments and documents

required for the making and prosecution of applications for United States and foreign letters patent on said invention, for litigation regarding said letters patent, or for the purpose of protecting title to said invention or letters patent therefor.

XENOTE

4/17/01
Date

Moh Kaufmann
By Moh Kaufmann - Pres. & CEO

State of _____)
County of _____)

ss.

See attached

I certify that I know or have satisfactory evidence that _____ is an authorized representative of Xenote who appeared before me, and said person acknowledged that he signed this instrument and acknowledged it to be his free and voluntary act for the uses and purposes mentioned in the instrument.

Dated _____
Signature of _____
Notary Public _____
Printed Name _____
My appointment expires _____

ALL-PURPOSE ACKNOWLEDGMENT

State of California

County of

San Mateo

SS.

On April 17, 2001 before me,

(DATE)

personally appeared

Mark Kaufmann

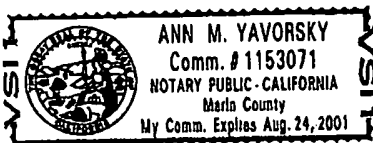
SIGNER(S)

Ann M. Yavorsky

(NOTARY)

☐ personally known to me - OR -

☒ proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is/are subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their authorized capacity(ies), and that by his/her/their signature(s) on the instrument the person(s), or the entity upon behalf of which the person(s) acted, executed the instrument.



WITNESS my hand and official seal.

Ann M. Yavorsky
NOTARY'S SIGNATURE

OPTIONAL INFORMATION

The information below is not required by law. However, it could prevent fraudulent attachment of this acknowledgment to an unauthorized document.

CAPACITY CLAIMED BY SIGNER (PRINCIPAL)

- ☒ INDIVIDUAL
☐ CORPORATE OFFICER

TITLE(S)

- ☐ PARTNER(S)
☐ ATTORNEY-IN-FACT
☐ TRUSTEE(S)
☐ GUARDIAN/CONSERVATOR
☐ OTHER:

SIGNER IS REPRESENTING:
 NAME OF PERSON(S) OR ENTITY(IES)

DESCRIPTION OF ATTACHED DOCUMENT

Assignment
 TITLE OR TYPE OF DOCUMENT

2
 NUMBER OF PAGES

DATE OF DOCUMENT

OTHER

RIGHT THUMBPRINT
 OF
 SIGNER

